

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEES DETERMINATION			
O.I.P.F. CLASSIFIER			
FORMALITY REVIEW	AJS	943	4-30-01
RESPONSE FORMALITY REVIEW	BE	897	11-02-01

INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
Final	
Original	
1	3-25-02 8
2	7-12-02 7
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Claim	Date
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If more than 150 claims or 10 actions  
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